State of Wisconsin Department of Workforce Development Equal Rights Division Civil Rights Bureau

## Discrimination Complaint In Post-Secondary Education Based on Physical Condition or Developmental Disability (Section 106.56 Wisconsin Statutes)

ERD Case Number (To be entered by the Division)

Personal information you provide may be used for secondary purposes.

## **Instructions -- Please Read Before Completing This Form**

- Provide all information requested below. Type or Print In Black Ink.
- You must sign this complaint **on page 2**, and fill out the Process Information Sheet on **page 3** before submitting your complaint to the Equal Rights Division.

1. Complainant Information	2. Respondent Information			
Your First Name	Name of Respondent(s) (The school you believe discriminated against you.) If there is more than one Respondent, fill out this box with information about one Respondent. Use a separate sheet of paper to give the same information about the others and attach to this form.			
Your Middle Name				
Your Last Name				
Your Street Address	Respondent Street Address			
Your City	Respondent City			
Your State	Respondent State			
Your Zip Code	Respondent Zip Code			
Your Home Telephone Number Including the Area Code ( )	Respondent Telephone Number Including the Area Code ( )			
Your Work Telephone Number Including the Area Code ( )	County, in Wisconsin, where school is located			
May we call you at work? ☐ Yes ☐ No				
3. Describe your physical condition or developmental disability, including the name if known.				
NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes:  Authorization for this form is provided under Section 106.56, Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a				
complaint of retaliation with the Equal Rights Division (ERD), you must submit a written document containing the information sought by this form.				
This information is used for the purpose of processing your of maintaining the Equal Rights Division's records.				

4. Describe the action(s) the school took because of your physical condition or developmental disability. (For example: denied admission, refused to modify admissions or examination conditions, etc.)				
a.	First action:			
	Date taken:			
b.	Second action:			
	Date taken:			
c.	Third action:			
	Date taken:			
d.	Fourth action:			
	Date taken:			
6. Certification and Signature  By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.				
Si	gnature of complainant or authorized representative	Date signed		

Mail Your Completed and Signed Complaint to One of the Following Offices.

## **State of Wisconsin Department of Workforce Development Equal Rights Division**

201 E. Washington Ave., Room A300 819 North 6th Street

PO Box 8928 Room 255

Madison, WI 53708

Milwaukee, WI 53203 Telephone: (608) 266-6860 Telephone: (414) 227-4384 FAX: (608) 267-4592 FAX: (414) 227-4084

TTY: TTY: (414) 227-4081 (608) 264-8752

## **Equal Rights Complaint Process Information Sheet**

Please answer the following questions and return this sheet with your completed complaint. We need this information to effectively process your complaint.

First Name	Middle Name		Last Name			
Today's Date	Your Date of Birth (red	Your Date of Birth (requested for identification purposes) (month/day/year)				
Availability/Contact Information						
are unable to locate you, your con			ddress or telephone number. If we			
Is there a telephone number where y	· · · · · · · · · · · · · · · · · · ·	-	1:30 n m 2			
☐ Yes ☐ No			7.00 p.m.:			
If yes, provide the telephone number including the area code  ( )						
Please provide the name, address, and telephone number of a friend or relative who does not reside with you but who will know where you can be reached:						
Name of contact person Re		Relationship to you				
Address Telephone n		Telephone number (	umber including the area code			
Settlement Information						
Complete this section if you were (or still are) enrolled as a student with the Respondent:						
First date you were enrolled:		What is/was your co	ourse of study?			
Are you still enrolled with the respondent?  ☐ Yes ☐ No						
At this time, what are you seeking	to settle your compla	int?				
You will have an opportunity to provide more information during the investigation						
Statistical Information						
Sex:  Male Female						
Race (check one or more appropriate boxes):						
☐ American Indian or Alaska Native ☐ Asian	<ul><li>□ Native Hawaiian or Pacific Islander</li><li>□ White</li><li>□ Unknown</li></ul>					
National Origin or Ethnic background (check only one):						
☐ Hispanic or Latino	Arab, Afghani o	☐ Arab, Afghani or Middle Eastern ☐ Other				